



**COUNTY OF ROCKINGHAM
COMMISSIONER OF THE REVENUE
20 East Gay Street
Harrisonburg, Virginia 22802**

**QUARTERLY REPORT OF COLLECTIONS
TRANSIENT OCCUPANCY TAX**

FOR THE QUARTER ENDING _____ 20 _____

NAME: _____

VIRGINIA SALES TAX
REGISTRATION NO. _____

TRADE NAME: _____

ADDRESS: _____

1. Gross receipts subject to tax for lodging and/or camp sites \$ _____
2. Allowable deductions
 - a. Exempt rentals (over 30 days) \$ _____
 - b. Refund of rentals included in Line 1 of the report _____
 - c. Refund of rentals included in prior reports _____
 - d. Total deductions \$ _____
3. Item 1 less 2 (d) \$ _____
4. Tax (2% of item 3) \$ _____
5. Penalty for late payment (5% of item 4) \$ _____
6. Interest \$ _____
7. Total tax, penalty and interest
(sum of items 4, 5, and 6) \$ _____

I, hereby, certify that this report is true and accurate to the best of my knowledge and belief. Enclosed is Check Number _____, dated _____ 20 _____, made payable to Rockingham County, in the amount of \$ _____ representing the total amount of Transient Occupancy Tax collections by our firm for the quarter ending _____ 20 _____.

(Firm) Date of Report _____ 20 _____

BY _____
(Title of Officer)

Mail signed and dated return with your check made payable to County Of Rockingham at the address above within 30 days following the quarter ending date above.